

NEW JERSEY TURNPIKE AUTHORITY – GARDEN STATE PARKWAY DIVISION

MBE/WBE – CERTIFICATE OF PARTICIPATION

CONSTRUCTION**CONTRACT NO.:** _____**ESTIMATE NO.****(NOTE IF FINAL):** _____**PERIOD****ENDING:** _____

NAME & ADDRESS OF MBE/WBE (SUB)CONTRACTOR OR SUPPLIER	MBE	WBE	PAY ITEM NUMBER & DESCRIPTION, OR PARTS THEREOF, OF WORK PERFORMED	(PROJECTED) DATE OF COMMENCEMENT & COMPLETION	DOLLAR AMOUNT PAID TO MBE/WBE (SUB)CONTRACTOR/SUPPLIER		
					ACTUAL AMOUNT PAID THIS PERIOD	TOTAL AMOUNT PAID TO DATE INCLUDING THIS PERIOD	EST. TOTAL AMOUNT TO BE PAID AT END OF CONTRACT

IN WITNESS WHEREOF the undersigned has hereunto set its

hand and seal this _____ day of _____, of 20_____.

By: _____

WITNESS OR ATTEST: _____

(General Contractor)_____
(General Contractor's MBE/WBE Liaison Officer)_____
(Telephone Number)